HEALTH HOLDING
HAFER ALBATIN HEALTH CLUSTER
MATERNITY AND CHILDREN HOSPITAL

Department:	Obstetrics and Gynaecology		
Document:	Multidisciplinary Policy and Procedure		
Title:	Management of Unbooked Delivery		
Applies To:	All Obstetrics and Gynaecology Staff		
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1. PURPOSE:

1.1 To establish a local approach to care, that is evidence based and consistent.
1.2 To inform good decision making.
1.3 To provide safe and effective care for women and their newborn.

2. DEFINITIONS:

2.1 Unbooked pregnant woman is one has not attended any antenatal clinic session with a trained personnel before presentation in labor.

3. POLICY:

3.1 Obtain obstetric, medical and mentalhealth history.
3.2 Conduct a comprehensive pregnancy assessment of the woman including aphysical examination.
3.3 Identify risk factors and deal with any emergency first.

4. PROCEDURE:

4.1 **ASSESSMENT OF UNBOOKED LABORING WOMEN:**
Unbooked pregnancies are considered as high risk pregnancies so it need thorough assessment on admission by the most responsible physician in labor room in order to identify the possible risk factors and to carry out the necessary measures in time.

4.2 The assessment includes following:
- 4.2.1 Detailed history.
- 4.2.2 General physical examination.
- 4.2.3 Systematic examination.
- 4.2.4 Abdominal examination.
- 4.2.5 Pelvic examination.
- 4.2.6 Review of the blood investigations.
- 4.2.7 Ultrasound examination if the delivery is not imminent.
- 4.2.8 To decide the plan of care in the labor.

4.3 **History:**
- 4.3.1 Personal data.
- 4.3.2 Detailed past obstetrics history.
- 4.3.3 History of present pregnancy.
- 4.3.4 Past medical and surgical history.
- 4.3.5 Family history.
- 4.3.6 Drug history.
- 4.3.7 Socioeconomic history.
- 4.3.8 Gynecological history including menstrual history.

4.4 **Clinical Examination:**

4.4.1 General Physical Examination:
Body Mass Index (BMI), Pallor, jaundice, Cyanosis, Blood Pressure, Pulse, Temperature, oral hygiene, thyroid, pedal edema, varicose veins.

4.4.2 Systemic Examination:
Relevant systematic examination to be done if history is suggestive of any systematic disease.

4.4.3 Abdominal Examination:
Look for any scar marks, pigmentatuion, striae, hernia, mass, symphysio–fundal height, Lie, presentation, engagement, fetal heart sound auscultation.

4.4.4 Pelvic Examination:
Pelvic Examination is done to assess the cervical dilatation, effacement, consistency, position, station of the presenting part, status of membranes (intact or ruptured), if ruptured the color of the amniotic fluid, and adequacy of the pelvis.

4.5 **Investigations:**

The following investigations should be reviewed:

4.5.1 Complete blood count.
4.5.2 Blood group and Rh type.
4.5.3 Liver functions tests.
4.5.4 Renal functions tests.
4.5.5 Random blood glucose.
4.5.6 Urine Analysis.
4.5.7 Hepatitis B and C profile.
4.5.8 Coagulation profile.
4.5.9 Ultrasound Assessment of the fetus:
- 4.5.9.1 Fetal biometry.
- 4.5.9.2 Number of fetuses (if multiple pregnancy).
- 4.5.9.3 Lie of the fetus.
- 4.5.9.4 Viability of the fetus.
- 4.5.9.5 Estimated fetal birth weight.
- 4.5.9.6 Liquor volume.
- 4.5.9.7 Placental localization.

4.6 **Management of Progress of Labor:**

4.6.1 Vital signs. Blood pressure, pulse and temperature should be checked 1 hourly.
4.6.2 Uterine contractions: for frequency, strength and duration should be assessed every 30 minutes by abdominal palpation and/or by the CTG.
4.6.3 Vaginal examination should be offered every 4 hours to assess progress (minimize frequency of vaginal examinations).
4.6.4 Maternal urine is tested 4 hourly or when passes for ketones and proteins.
4.6.5 The fetal heart sounds: To detect fetal distress, either intermittent by the sonicaid or continuously by the CTG.
4.6.6 All these observations should be recorded on Partogram.
4.6.7 In the active phase, oral feeding is avoided due to delayed gastric emptying.
4.6.8 If labor is prolonged, I.V fluids are given.
4.6.9 Non–Pharmacological analgesia can be given once. It should be stopped 2 hours before the 2nd stage of labor, to avoid fetal respiratory depression at birth.
4.6.10 Once in second stage of labor the patient is put in comfortable position or lithotomy/dorsal position only if needed.
4.6.11 Sterile towels are applied.
4.6.12 The patient is instructed to strain during contractions and to relax in between.
4.6.13 Once the delivery is imminent the need for episiotomy is to be decided and perineal support is provided at the time of delivery of the newborn.
4.6.14 The baby is handed over to the pediatrician for the initial neonatal assessment.

4.6.15 The placenta and membranes are delivered completely and episiotomy or any perineal tears are repaired and digital rectal examination is performed at the end.

4.6.16 The patient is then kept under observation for two hours in labor room and later on shifted to OBW as ordered by the specialistphysician.

5. MATERIALS AND EQUIPMENT:

5.1 CTG.
5.2 USG.

6. RESPONSIBILITIES:

6.1 Physician
6.2 Nurses
6.3 Midwife

7. APPENDICES:

7.1 Partogram

8. REFERENCES:

8.1 Protocol for the management of normal labor.
8.2 Protocol for the discharge criteria from labor room.
8.3 CBAHI Standard 3rd Edition 2016.
8.4 MOH, Guidelines for Obstetrics and Gynecology, Clinical Policies and Procedures.

9. APPROVALS:

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Name:_____ الاسم:

MRN: | | | | | | | | | | رقم الملف الطبي

PARTOGRAM

Date & time of admission:

Consultant:

E.D.D:

Parity:

Special instructions:

FETAL HEART RATE

190 180 170 160 150 140 130 120 110 100 90 80 70 60

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Duration of rupture of membranes (Hrs)

Liquor

Moulding

CERVIX

10 9 8 7 6 5 4 3 2 1

Duration of labor

0 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Name:_____ الاسم:_____ MRN: | | | | | | | | | | رقم الملف الطبي: | | | | | | | | | |

PARTOGRAM

Date & time of admission: | Consultant:

E.D.D: | Parity:

Special instructions:

FETAL HEART RATE

190	180	170	160	150	140	130	120	110	100	90	80	70	60

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Duration of rupture of membranes (Hrs) | Liquor | Moulding

CERVIX

10 9 8 7 6 5 4 3 2 1

Duration of Labor 0 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24